

## **CHAPTER 2: MENTAL HEALTH CONSUMER RESPONSES**

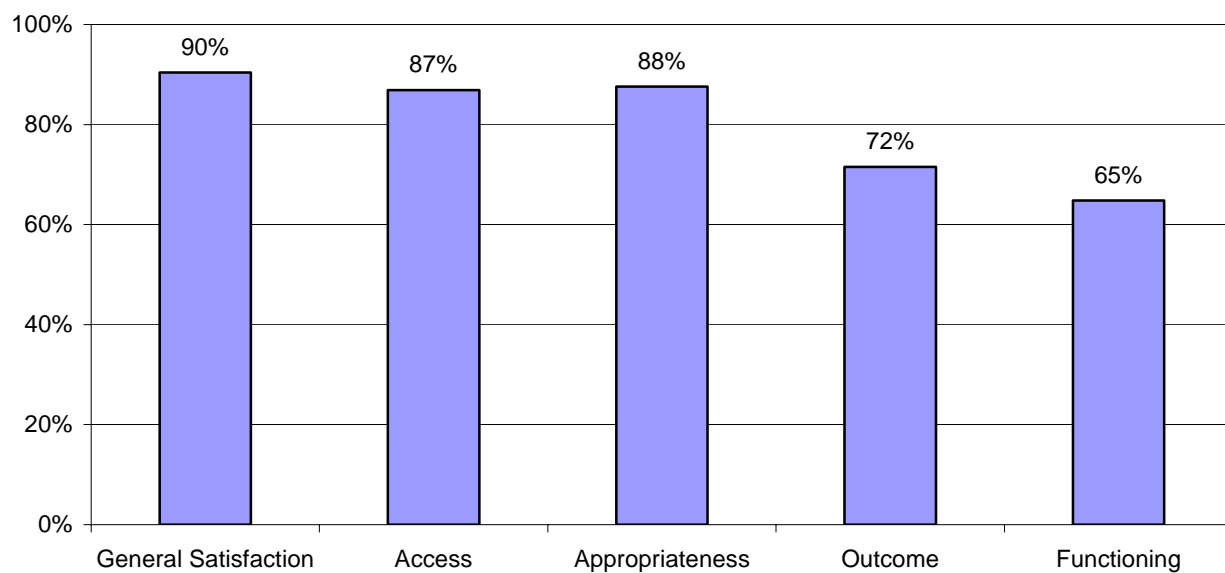
### **Consumer and Treatment Characteristics**

A total of 3,829 consumers (54%) identified mental health as the primary reason for receiving services from the CSB.

- The majority (92%) were between the ages of 21 and 64, and about 3% were between the ages of 18 and 20.
- Sixty-one percent were female, 67.6% were White, and 23.5% were Black/African-American.
- With regard to Hispanic origin, 5.4% identified themselves as Hispanic.
- The majority were referred by a physician (46.5%) or were referred by self, family, or friends (36.9%).
- About two-thirds (70.0%) had been receiving services for twelve months or more.
- About 53% of consumers had received services for more than two years.
- In the six months prior to the survey, about four percent had been homeless and 23% had moved at least once.
- In the past twelve months, 21.3% had a psychiatric hospitalization, 36.0% had paid employment, and about ten percent had been arrested. In the previous twelve months, 7.1% had been arrested.
- About eighty-two percent have support in times of crisis, and about eight-five percent have people with whom to do enjoyable things. About seventy-nine percent are happy with the friendships they have and about seventy-two percent feel that they belong in their community.

### **Satisfaction On All Domains**

**Figure 1: MH Consumer Satisfaction Across Domains**



### *General Satisfaction Domain*

- About 91% agreed with the statement “I like the services that I receive”.
- Eighty-six percent agreed with the statement “If I had other choices, I would still get services from this agency”.
- Almost ninety-one percent reported that they would recommend this agency to a friend or family member.

### *Access Domain*

- About 87% agreed that the location of services is convenient.
- About 89% agreed with the statement “Staff are willing to see me as often as I feel it is necessary.”
- Almost 84% agreed with the statement “Staff returns my calls within 24 hours.”
- About 91% agreed that services were available at times that were good for them.

### *Appropriateness Domain*

- About 88% agreed with the statement “Staff here believe that I can grow, change, and recover”.
- Almost ninety percent agreed with the statement “Staff respect my wishes about who is, and is not, to be given information about my treatment”.
- About 83% reported that staff is sensitive to their cultural background.
- About eighty-one percent reported agreement that staff tells them what medication side effects to watch for.
- About eighty-three percent reported that they feel free to complain.
- Eighty-six percent reported that staff helped them to obtain information needed for the consumer to take charge of managing the illness.

### *Outcome Domain*

- About 76% agreed with the statement “I am better able to control my life”.
- About 79% agreed with the statement “I deal more effectively with daily problems”.
- About 64% reported that they did better at work or school.
- Almost 67% reported that they did better in social settings.
- About 73% reported that they were better able to deal with a crisis.
- A little more than 72% reported that they got along better with their family.
- About 66% agreed with the statement “My symptoms are not bothering me as much”.

### *Functioning Domain*

- About 72% reported that “.I do things that are more meaningful to me.”
- Seventy-five percent reported that “I am better able to take care of my needs. “
- About 68% reported that “I am better able to handle things when they go wrong.”

- Almost 69% reported that “I am better able to do things that I want to do.”

*Other Survey Items (not included in a domain or Total Satisfaction scoring)*

- About 91% reported that they felt comfortable asking questions about their treatment and medication.
- Eighty-six percent agreed with the statement “I am able to get all the services I think I need.”
- Slightly over 75% agreed with the statement “I, not staff, decide my treatment goals.”
- About 69% agreed with the statement “I am satisfied with my living arrangements.”
- Almost 59% agreed with the statement “I was encouraged to use consumer run programs.”

**Consumer comments:**

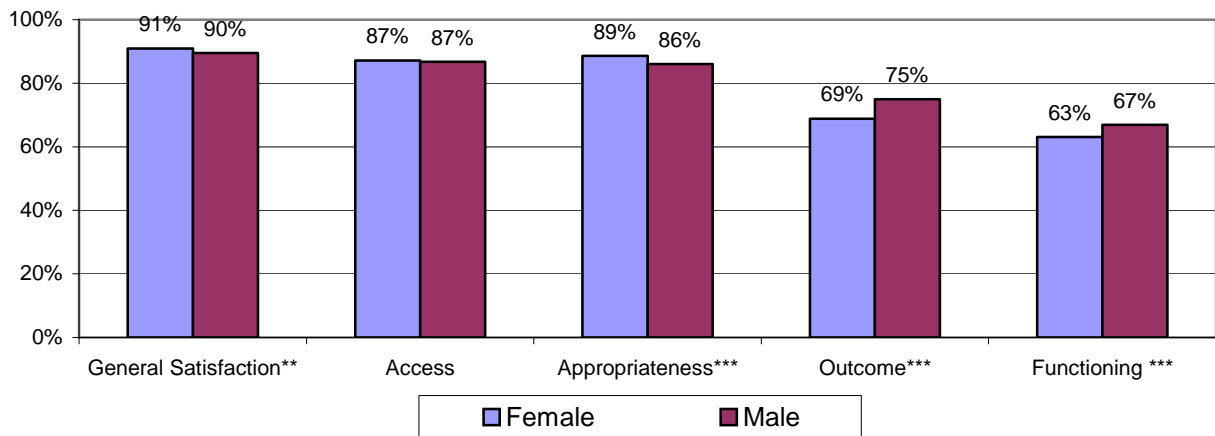
- **“Difficulty receiving medications from the dispensary. I feel like I am talked down to when I talk with the people who process and hand out my medication.”**
- **“Pet peeve: I see employees constantly smoking out front.”**
- **“Someone needs to be here on the weekend to answer calls! ”**
- **“I believe I should have more guidance than medication. ”**
- **“We need more mental illness recovery literature displayed in the waiting room- have a peer to talk to when I just need to vent my troubles. ”**
- **“You have us change doctors too often. ”**
- **“This place rocks! It's clean, safe, fun, helpful, and professional! ”**

## Differences Between Groups

### *Did Satisfaction Differ by Gender?*

Female consumers were significantly more likely to report positive perceptions on the General Satisfaction and Appropriateness domains, while male consumers were significantly more likely to report positive perceptions in the Outcome and Functioning domains.

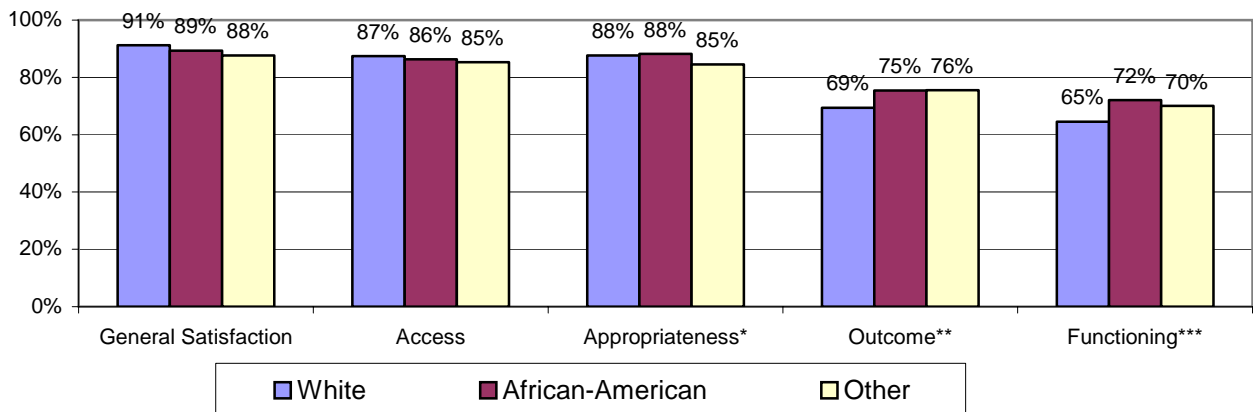
**Figure 2: MH Consumer Satisfaction by Gender**



### *Did Satisfaction Differ by Race?*

White and African-American consumers who received mental health services were significantly more likely to report positive perceptions of satisfaction on the Appropriateness domain than consumers of other races. African-Americans and consumers of “other” races were significantly more likely to report positive perceptions of satisfaction in the Outcome and Functioning domains than were white consumers.

**Figure 3: MH Consumer Satisfaction by Race**



\*Differences between groups were significant at the  $p \leq .05$  level

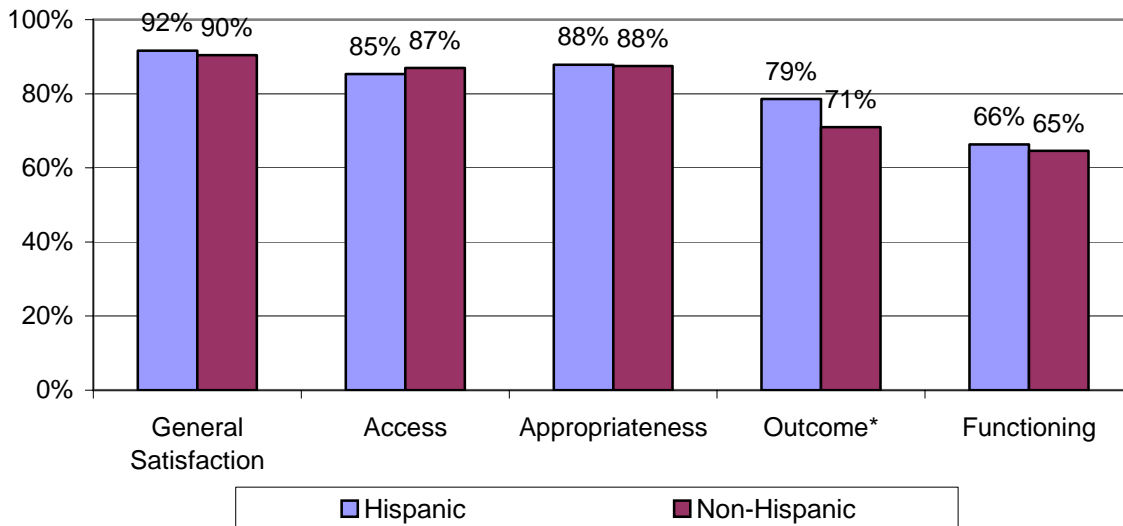
\*\*Differences between groups were significant at the  $p \leq .01$  level

\*\*\*Differences between groups were significant at the  $p \leq .001$  level

### *Did Satisfaction Differ by Ethnicity?*

Mental health consumers who claimed Hispanic ethnicity were significantly more likely to report positive perceptions of satisfaction on the Outcome domain than those who reported that they were not of Hispanic ethnicity.

**Figure 4: MH Consumer Satisfaction by Ethnicity**

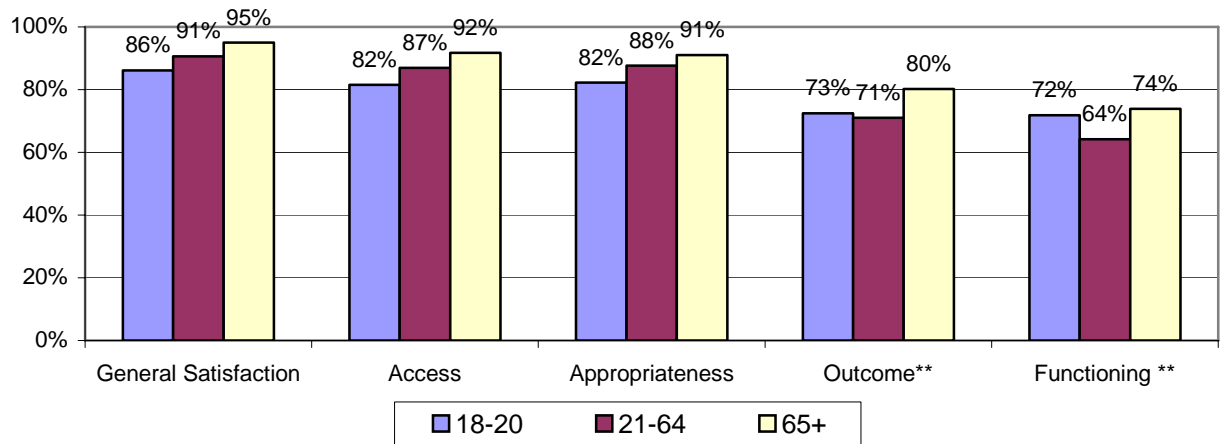


### *Did Satisfaction Differ by the Age Group of the Consumer?*

Consumers in the oldest age group, 65 years and over, were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those in the younger two age groups.

**Figure 5: MH Consumer Satisfaction by Age Group**

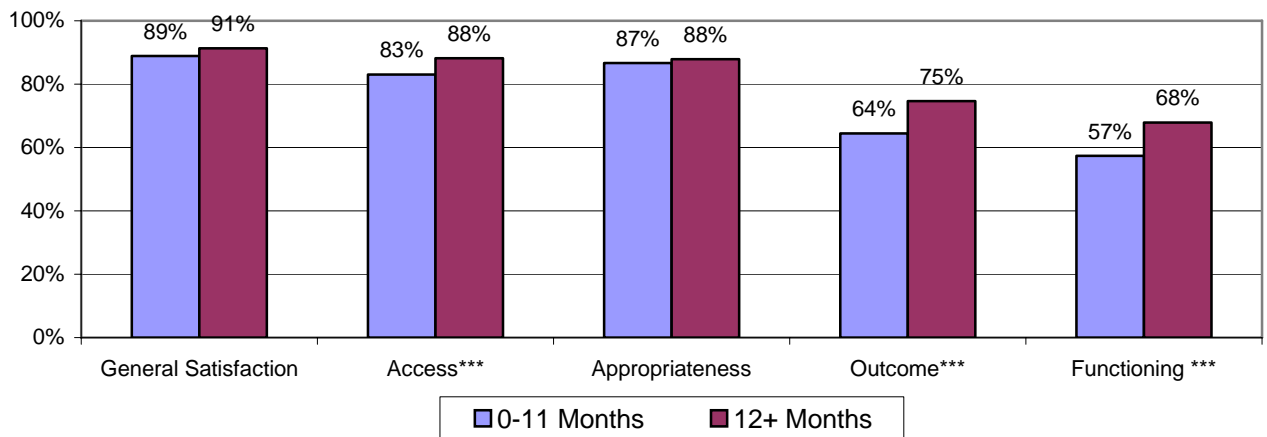
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### *Did Satisfaction Differ by Length of Treatment?*

Consumers who had been in treatment longer were significantly more likely to express positive perceptions in the Access, Outcome, and Functioning domains.

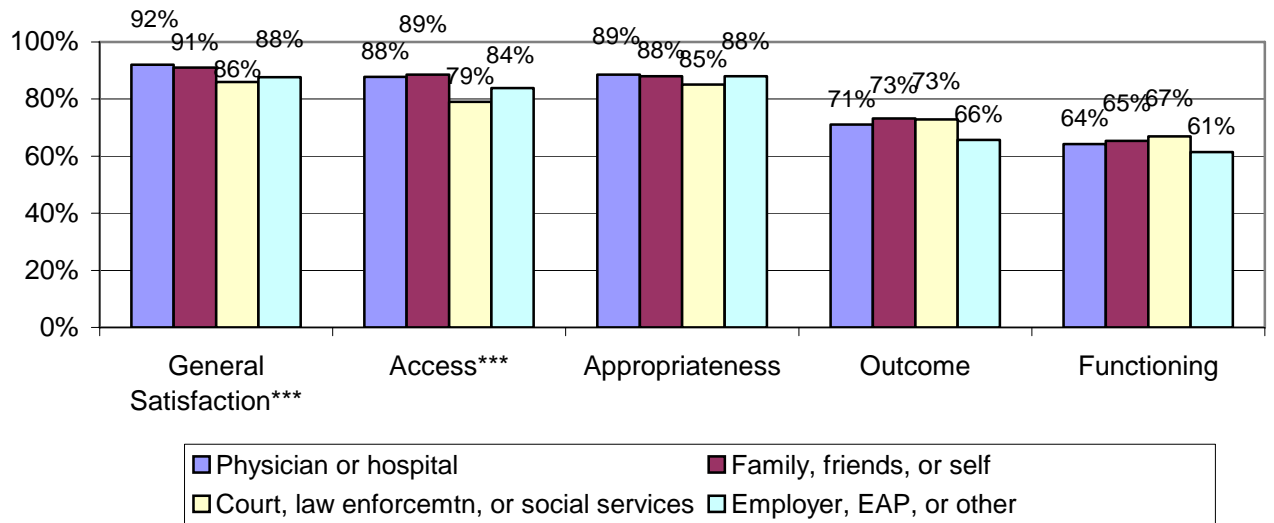
**Figure 6: MH Consumer Satisfaction by Length of Treatment**



### *Did Satisfaction Differ by Referral Source?*

Of those consumers who received mental health services, consumers who were referred by family, a physician, a hospital, or themselves were significantly more likely to report positive perceptions in the General Satisfaction and Access domains than those referred by DSS, EAP, Employers, courts, police, or other referral resources.

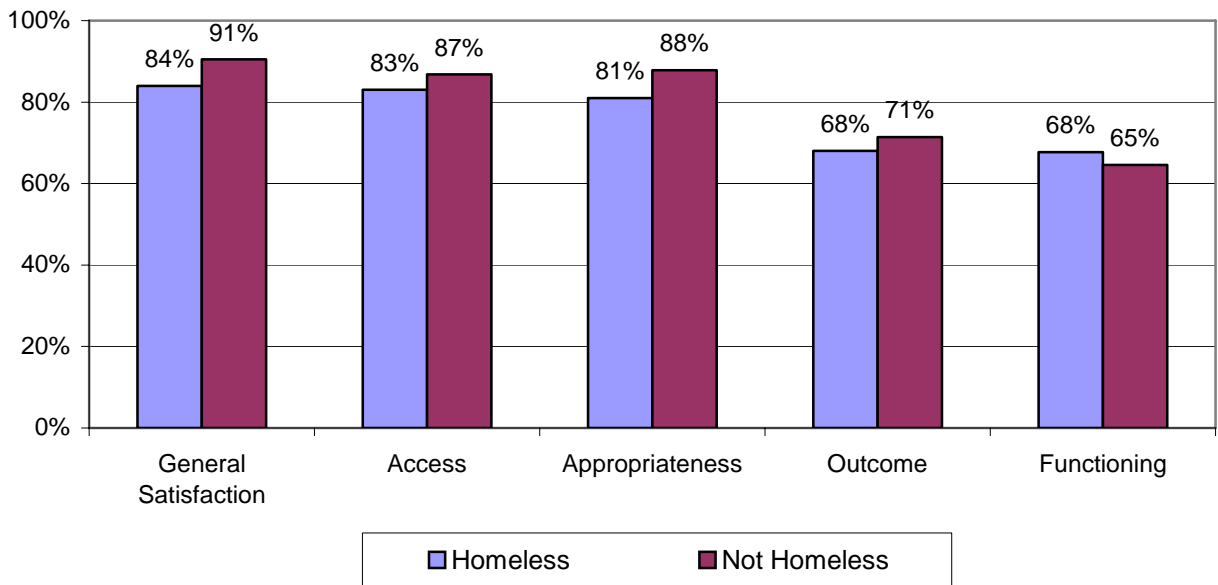
**Figure 7: MH Consumer Satisfaction by Referral Source**



### *Did Satisfaction Differ by Housing Situation?*

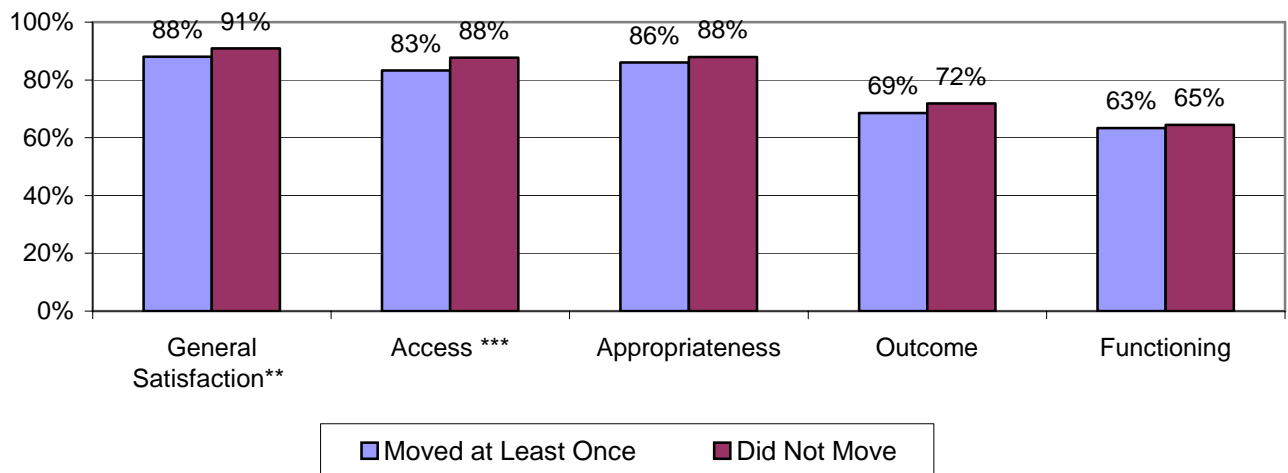
MH consumers who had not been homeless within the past six months were more likely to express positive levels of satisfaction in all domains than homeless MH consumers.

**Figure 8: MH Consumer Satisfaction by Homelessness**



MH consumers who did not move within the past six months were significantly more likely to express positive levels of satisfaction in the General satisfaction and Access domains than MH consumers who had moved one or more times.

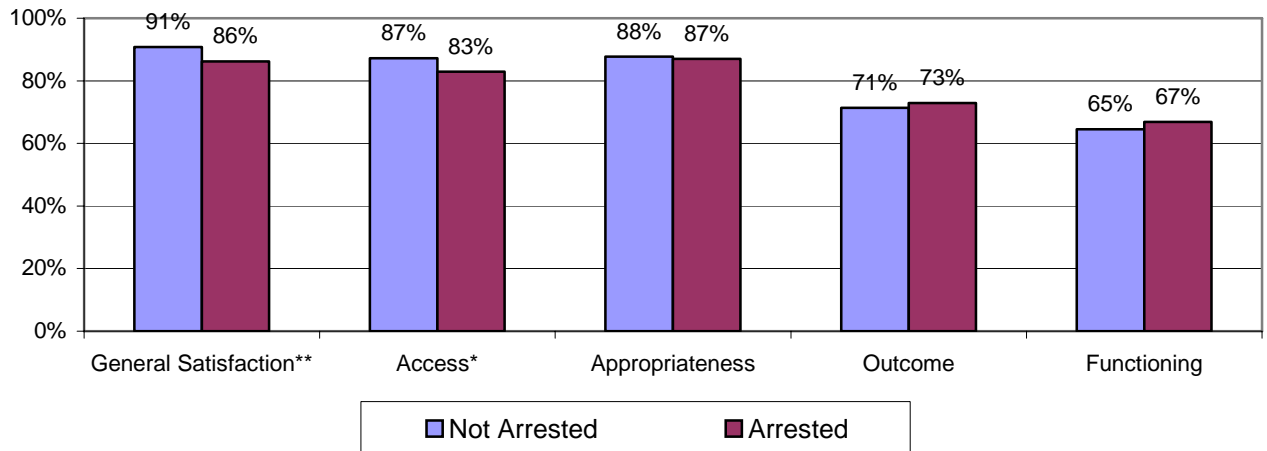
**Figure 9: MH Consumer Satisfaction by Frequency of Moves**



### *Did Satisfaction Differ by Involvement with the Criminal Justice System?*

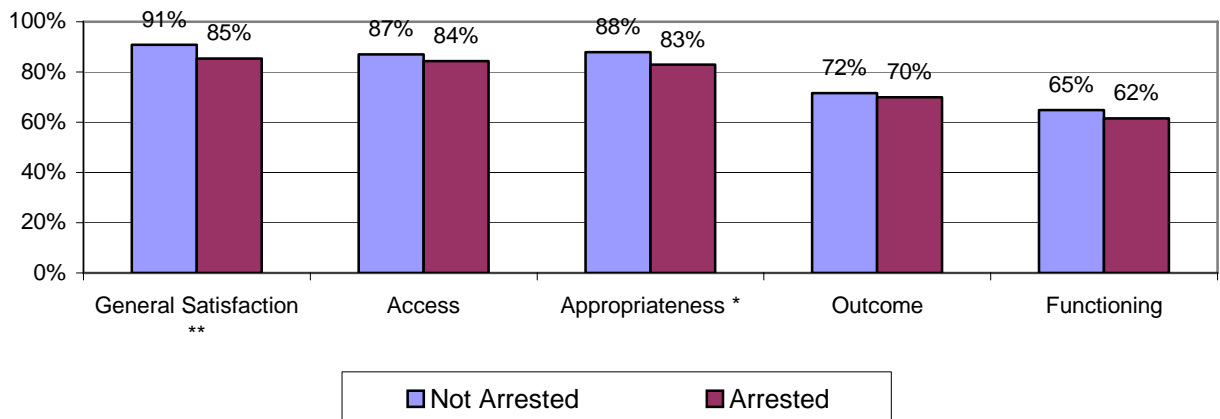
MH consumers who had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction and Access domains than those who had some involvement with the criminal justice system.

**Figure 10: MH Consumer Satisfaction by Criminal Justice System Involvement, Current Year**



MH consumers who had not been arrested in the twelve-month period in the previous year were significantly more likely to report a positive perception in the General Satisfaction and Appropriateness domains than those who were arrested in that same period.

**Figure 11: MH Consumer Satisfaction by Criminal Justice System Involvement, Previous Year**

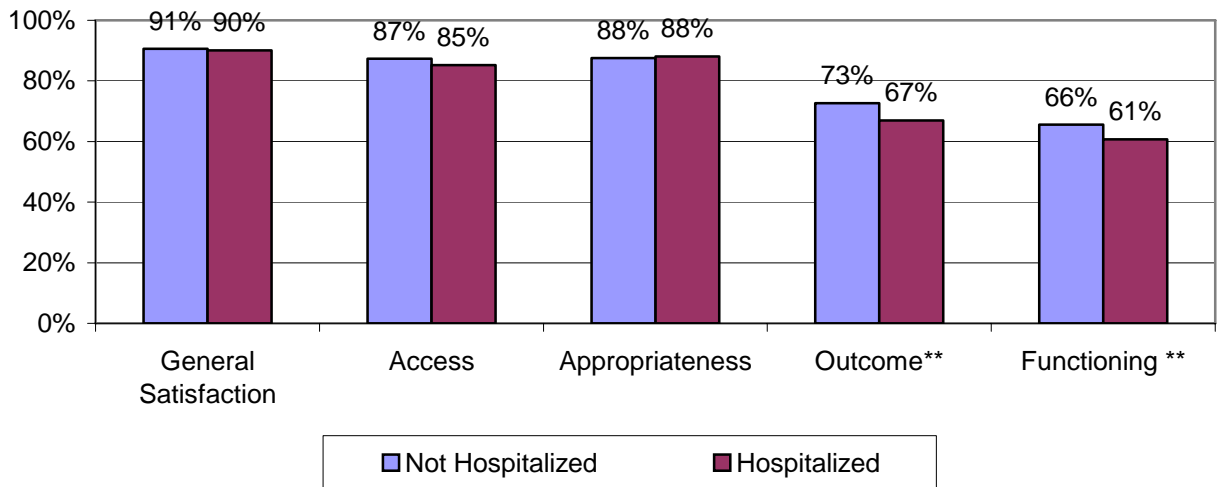




### *Did Satisfaction Differ by Psychiatric Hospitalization?*

MH consumers who had no psychiatric hospitalizations in the past twelve months were significantly more likely to report positive perceptions of CSB services in the Outcome and Functioning domains.

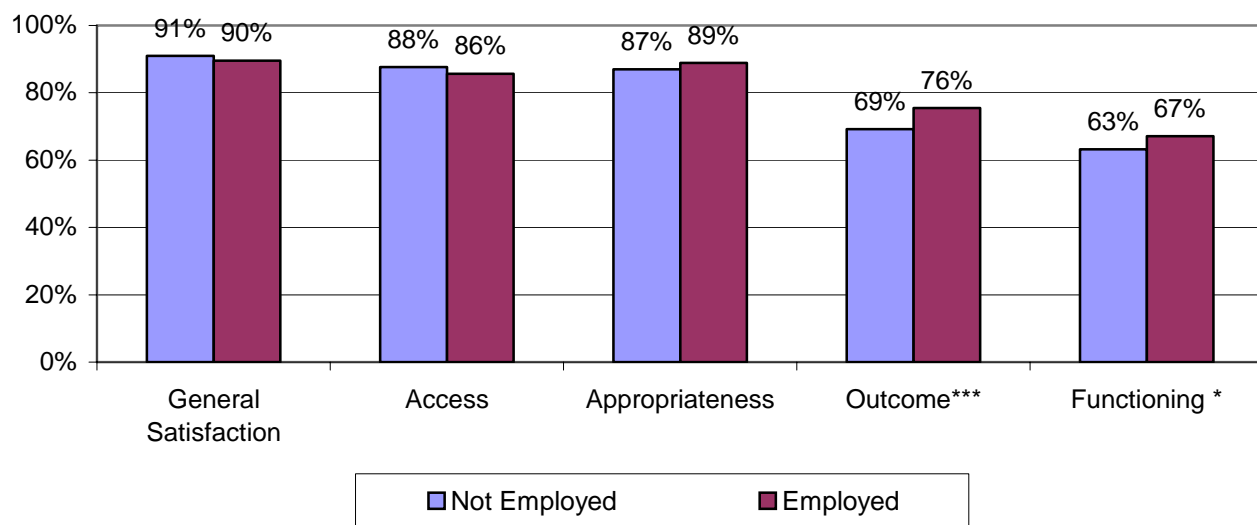
**Figure 12: MH Consumer Satisfaction by Psychiatric Hospitalization**



### *Did Satisfaction Differ by Employment?*

MH consumers who had paid employment within the past twelve months were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those who had not been employed.

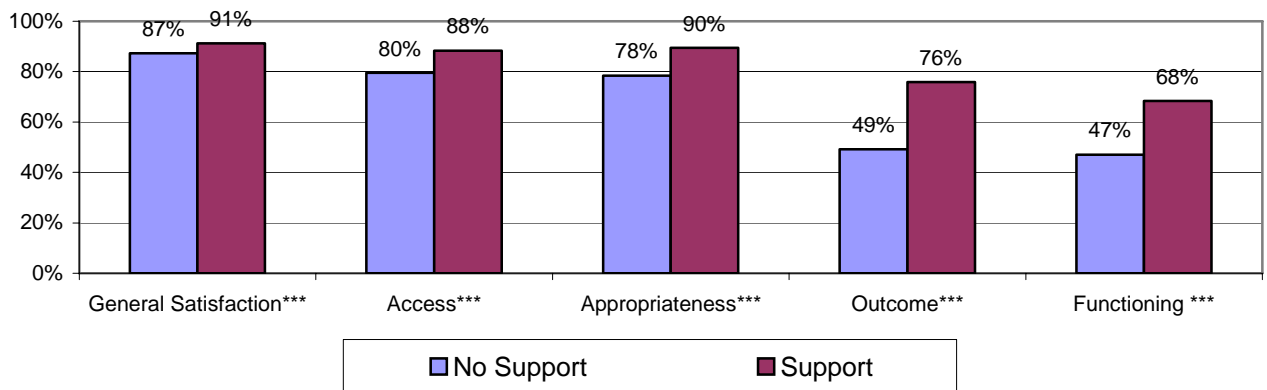
**Figure 13: MH Consumer Satisfaction by Employment**



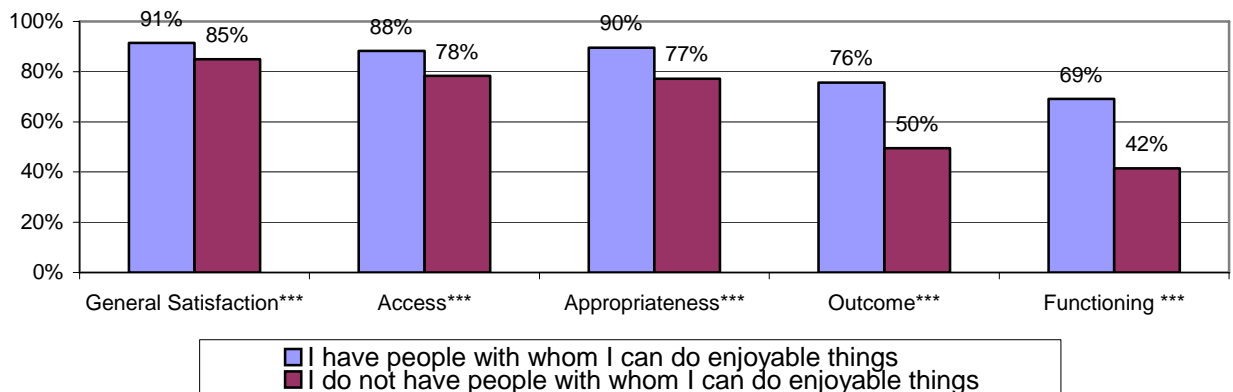
### *Did Satisfaction Differ by Social Connectedness?*

MH consumers who feel that they have support in times of crisis are significantly more likely to have positive perceptions of satisfaction on all domains than those who feel that they have no support from family or friends. Similarly, MH consumers who have people with whom they can do enjoyable things are significantly more likely to report positive perceptions of satisfaction on all domains than those who do not have such relationships. This also holds true for those consumers reporting satisfaction with their friendships and a sense of belonging in their community.

**Figure 14: MH Consumer Satisfaction by Support in Times of Crisis**

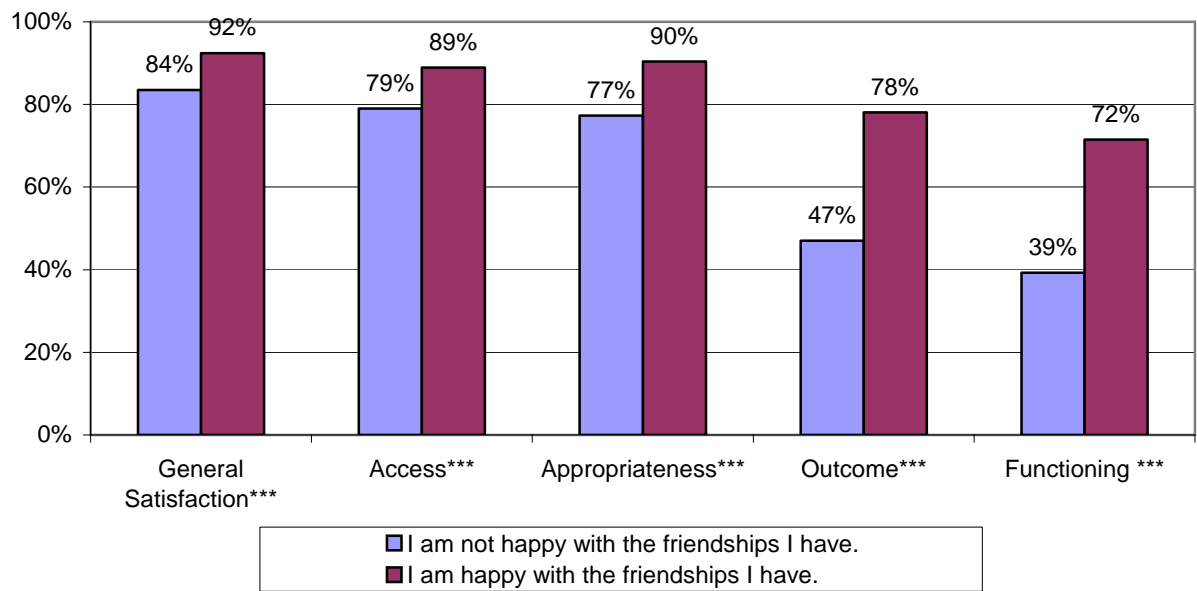


**Figure 15: MH Consumer Satisfaction by Social Support**

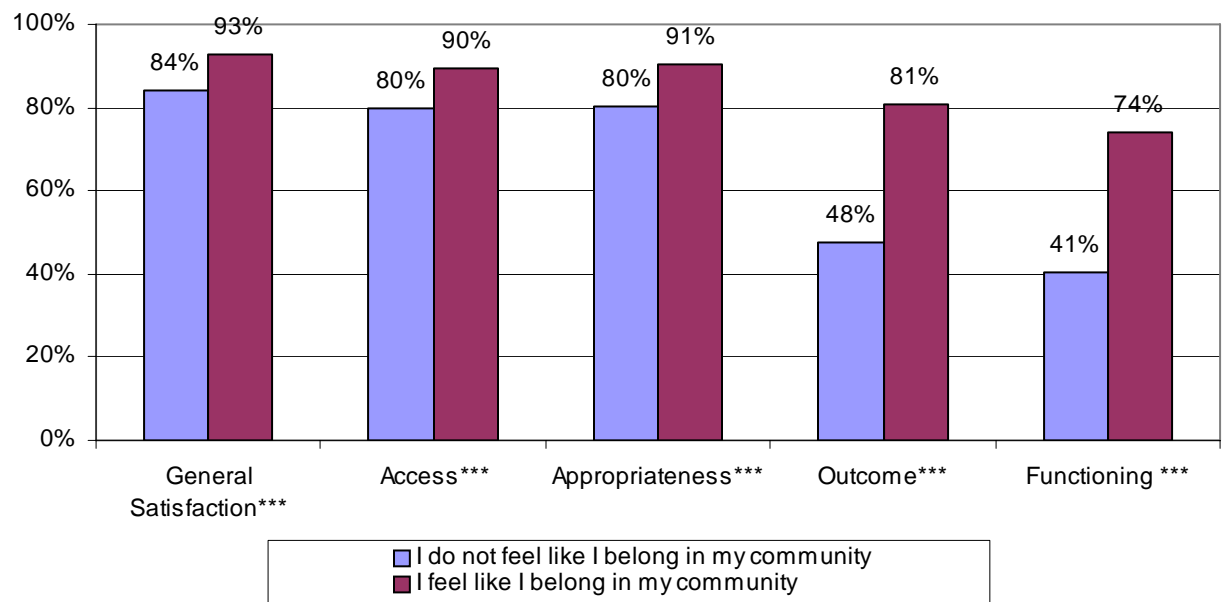


**Consumer comment: "The people are so nice and easy to talk to. They make me feel better about myself. I feel I would have [taken] my life if I did not have PACT to help me through the rough times."**

**Figure 16: MH Consumer Satisfaction by Friendships**



**Figure 17: MH Consumer Satisfaction by Community Belonging**

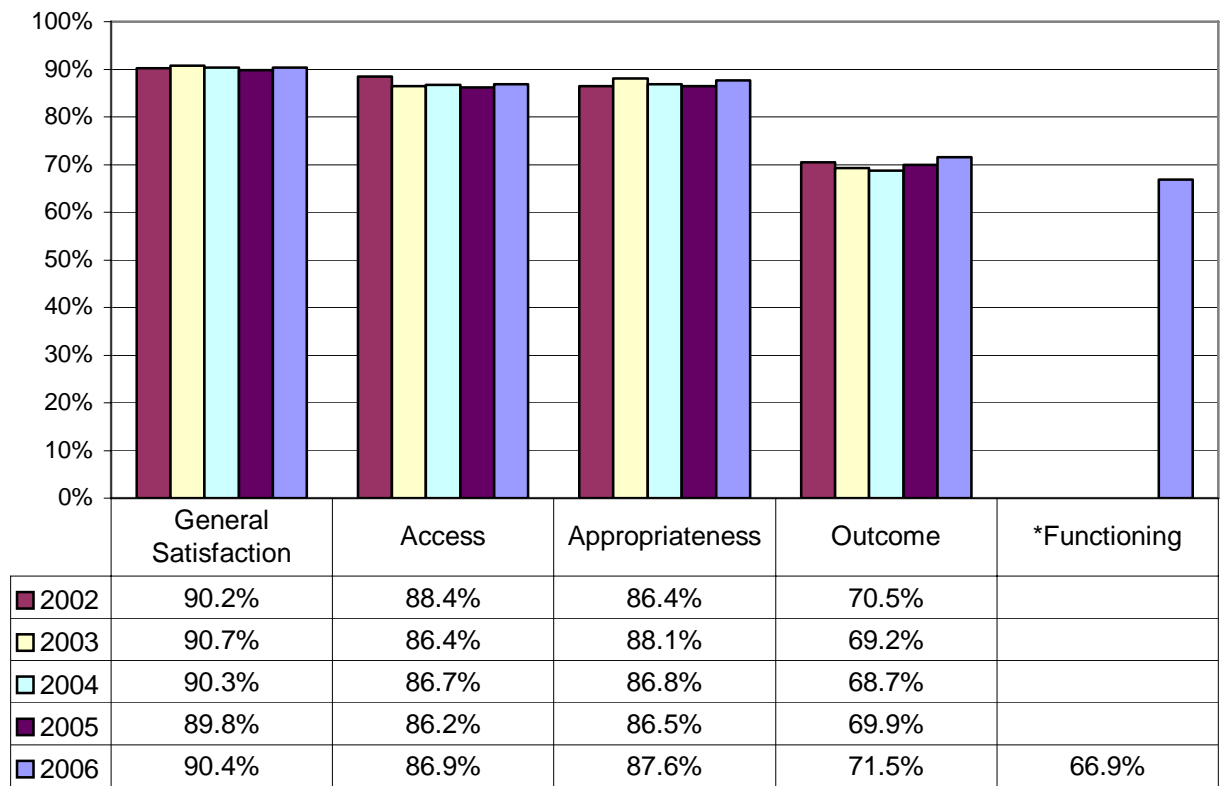


**Consumer comment: “I feel that we should see the doctor for a longer period of time. More often during month.”**

## Trends Over Time

- Consumer satisfaction rates on all domains show a stable trend with only slight variations.

**Figure 18: MH Consumer Satisfaction Trends (2002 – 2006)**



\* The Functioning Domain was new in 2006

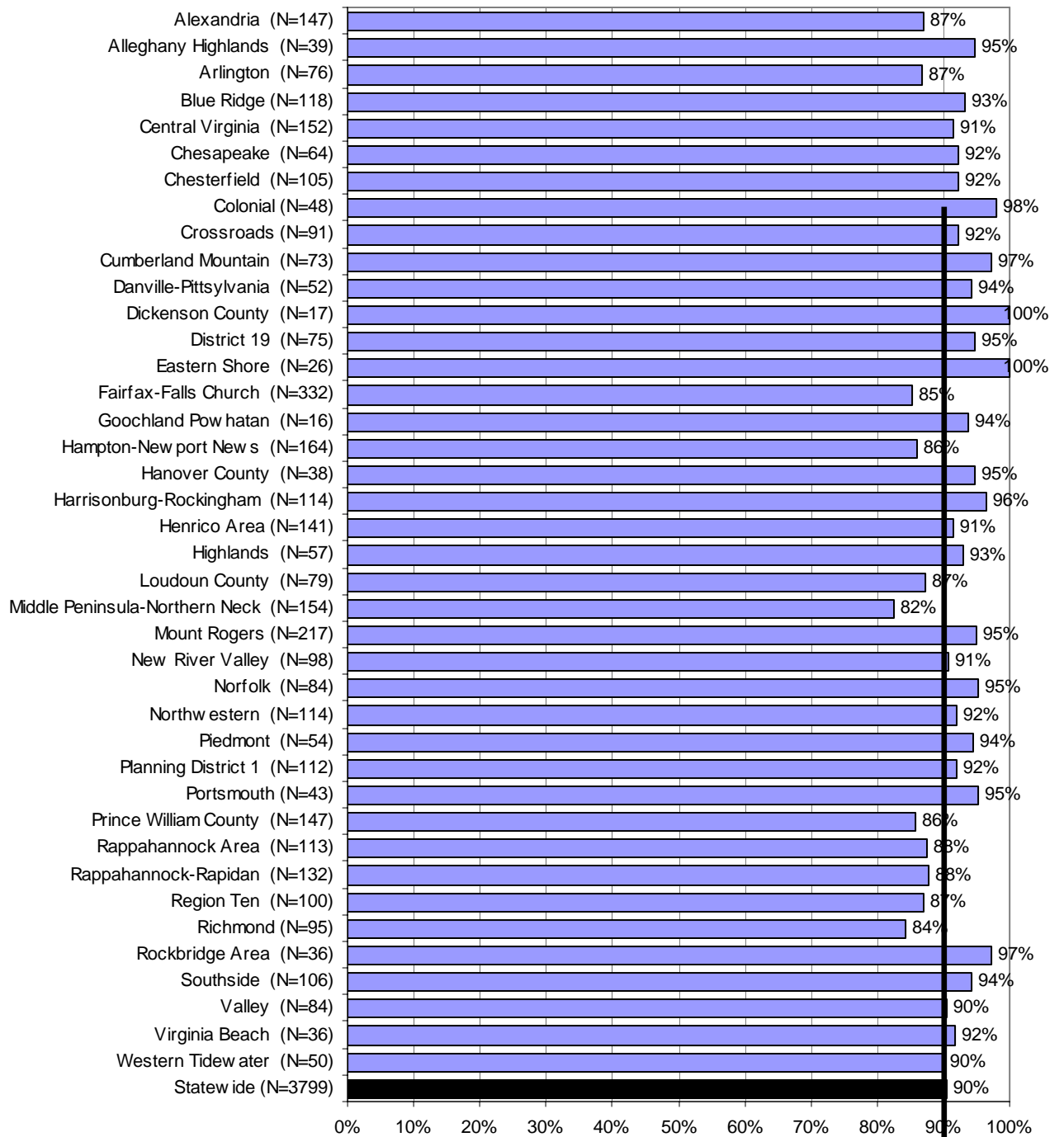
### Consumer comments:

- **” I am extremely happy with the services and organization. The only one suggestion I would have is to give access to the refill line 24 hours a day. ”**
- **“I only have one complaint, when submitting paper work from a job or etc....some jobs do have a time frame on that paper work. Would like to see better responses within that time frame which is set.”**

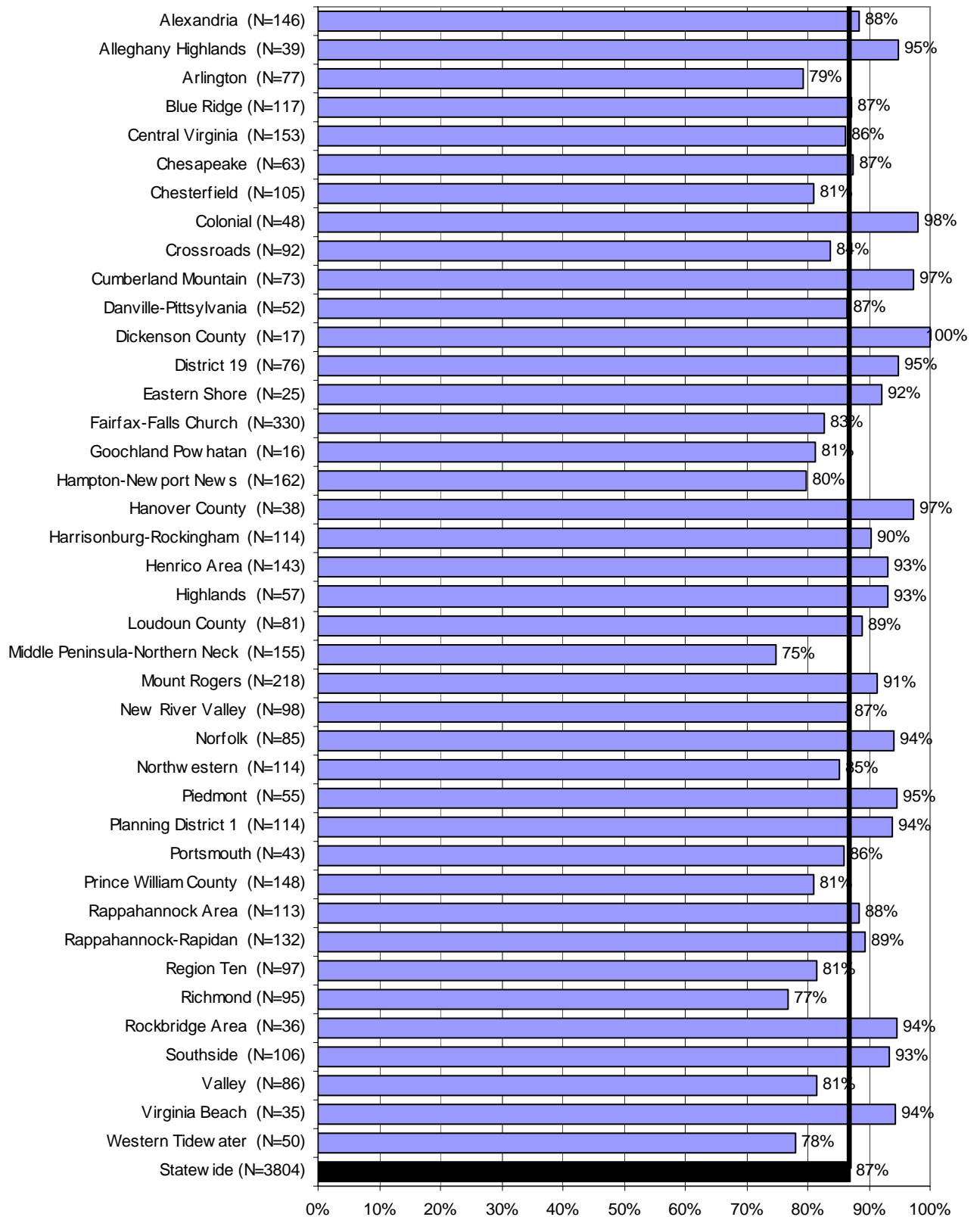
## **CSB Level Consumer Perception**

- Individual CSB ratings for the five indicator domains are presented in Figures 19 – 23.
- Only those CSBs with more than ten surveys for which the domain subscale score could be calculated are presented in the graphs.
- Statewide average satisfaction percents are included for reference.

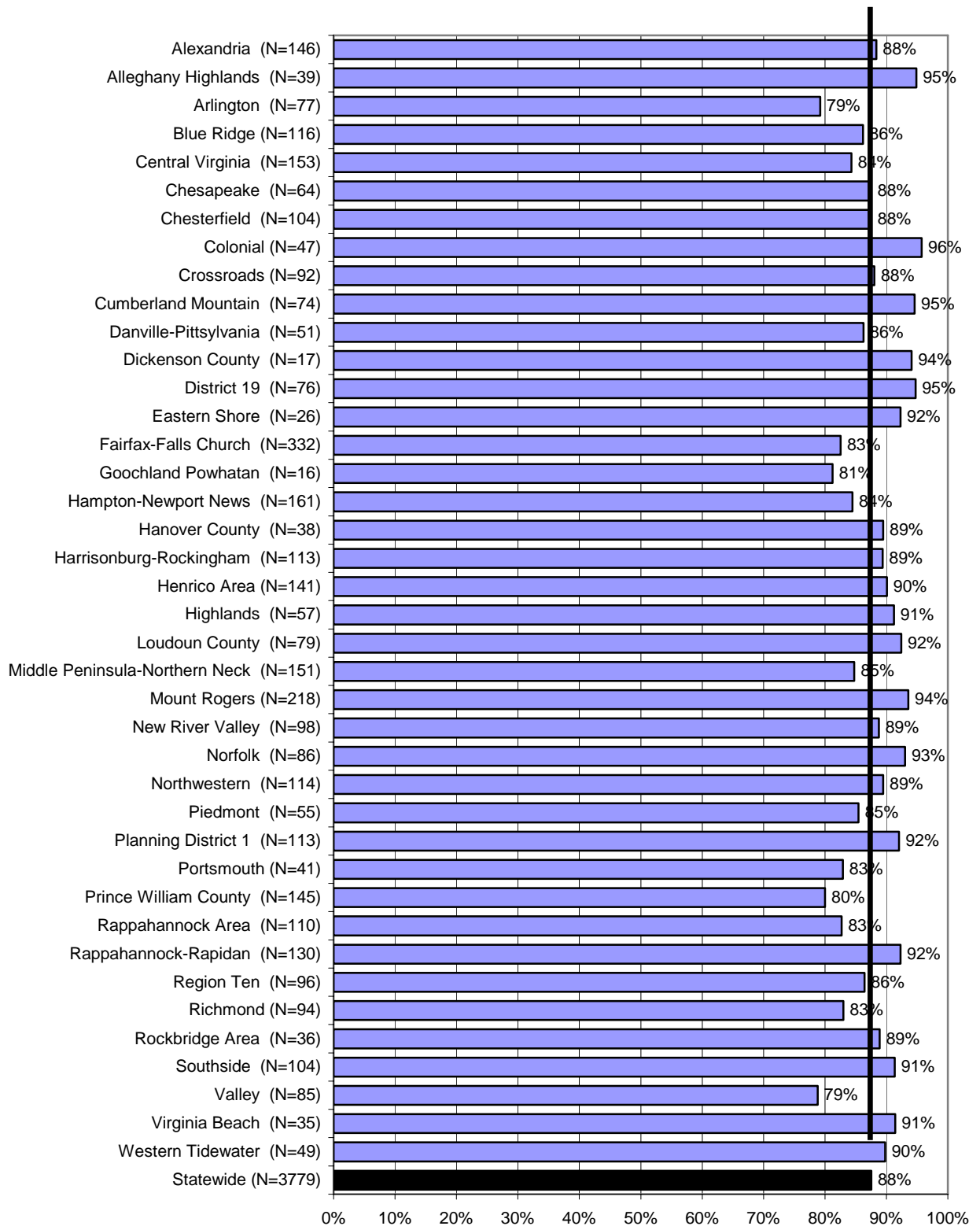
**Figure 19: MH Consumer Satisfaction – General Satisfaction Domain by CSB**



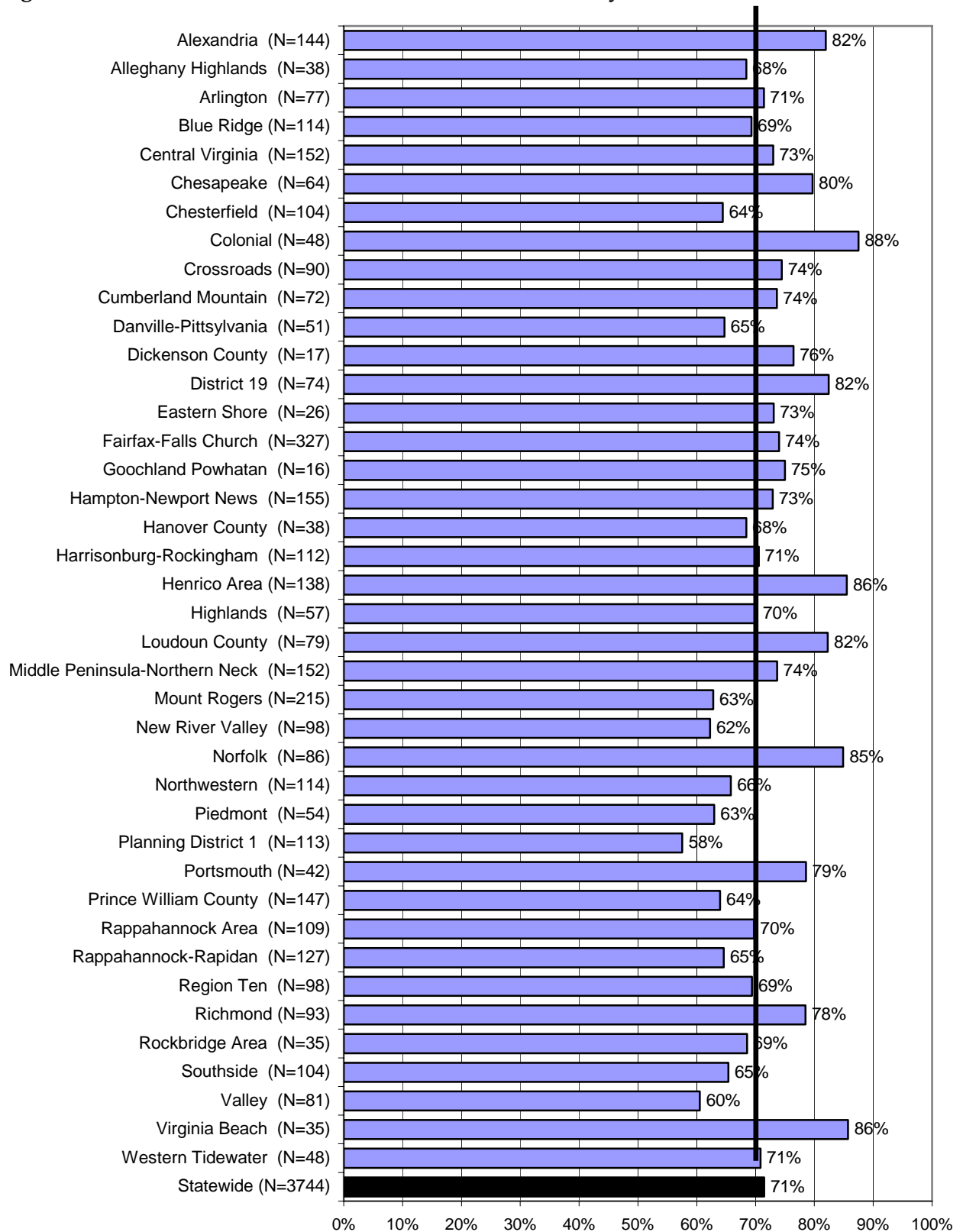
**Figure 20: MH Consumer Satisfaction – Access Domain by CSB**



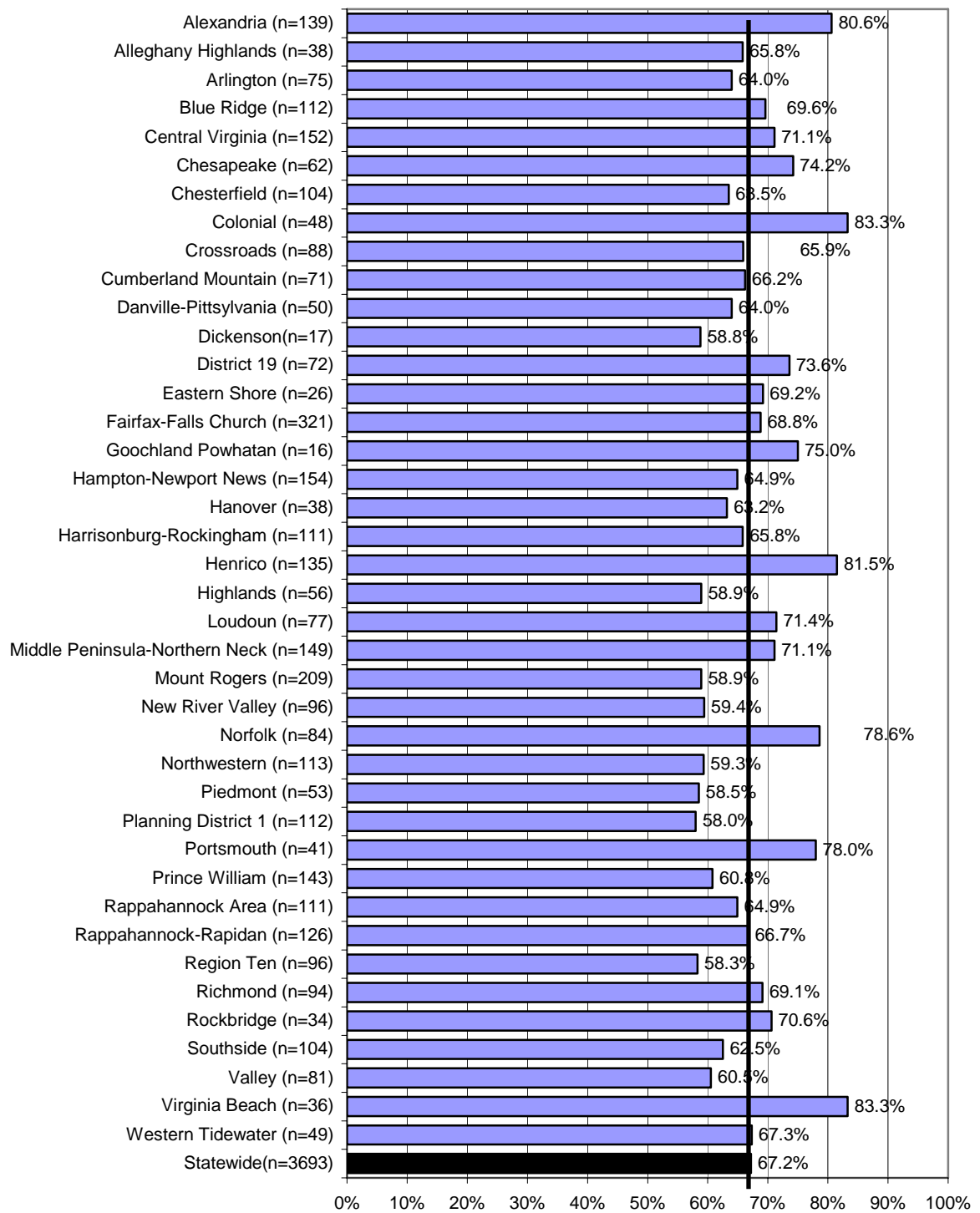
**Figure 21: MH Consumer Satisfaction –Appropriateness Domain by CSB**



**Figure 22: MH Consumer Satisfaction - Outcome Domain by CSB**



**Figure 23: MH Consumer Satisfaction by CSB - Functioning Domain**



## Discussion

Most mental health consumers reported positive perceptions of CSB services. These results have been fairly consistent over time on all domains since 1999. The highest ratings were in the General Satisfaction domain, in which slightly over 90% percent of respondents reported positive perceptions of CSB services. The lowest was in the area of Functioning (a new domain) which was sixty-seven percent. Once again, the percentage of satisfaction increased on the Outcome domain this year (69.9% in 2005 to 71.5% in 2006) and increased slightly on the remaining three domains from the results of last year's survey. The MH consumers were more likely to report positive perceptions than SUD consumers or MH/SUD consumers on the General Satisfaction, Access, and Appropriateness domains. The SUD consumers were more likely to report positive perceptions on the Outcome and Functioning domains than either MH or MH/SUD consumers. Consumers who received both MH and SUD services were more likely to report positive perceptions in the Outcome and Functioning domains than MH consumers and were more likely to report positive perceptions of outcomes in the General Satisfaction, Access, and Appropriateness domains than SA consumers.

Many of the variables on the survey corresponded with differences in perceptions. Female consumers were significantly more likely to report positive perceptions on the General Satisfaction and Appropriateness domains, while male consumers were significantly more likely to report positive perceptions in the Outcome and Functioning domains. White and African-American consumers who received mental health services were significantly more likely to report positive perceptions of satisfaction on the Appropriateness domain than consumers of other races. African-Americans and consumers of "other" races were significantly more likely to report positive perceptions of satisfaction in the Outcome and Functioning domains than were white consumers.

Mental health consumers who claimed Hispanic ethnicity were significantly more likely to report positive perceptions of satisfaction on the Outcome domain than those who reported that they were not of Hispanic ethnicity. Consumers in the oldest age group, 65 years and over, were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those in the younger two age groups. Consumers who had been in treatment longer were significantly more likely to express positive perceptions in the Access, Outcome, and Functioning domains.

Of those consumers who received mental health services, consumers who were referred by family, a physician, a hospital, or themselves were significantly more likely to report positive perceptions in the General Satisfaction and Access domains than those referred by DSS, EAP, employers, courts, police, or other referral resources. MH consumers who had not been homeless within the past six months were more likely to express positive levels of satisfaction in all domains except Functioning than homeless MH consumers. Consumers who did not move within the past six months were significantly more likely to express positive levels of satisfaction in the General satisfaction and Access domains than MH consumers who had moved one or more times.



MH consumers who had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction and Access domains than those who had some involvement with the criminal justice system. Consumers who had not been arrested in the twelve-month period in the previous year were significantly more likely to report a positive perception in the General Satisfaction and Appropriateness domains than those who were arrested in that same period.

MH consumers who had no psychiatric hospitalizations in the past twelve months were significantly more likely to report positive perceptions of CSB services in the Outcome and Functioning domains. MH consumers who had paid employment within the past twelve months were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those who had not been employed. MH consumers who feel that they have support in times of crisis are significantly more likely to have positive perceptions of satisfaction on all domains than those who feel that they have no support from family or friends. Similarly, MH consumers who have people with whom they can do enjoyable things are significantly more likely to report positive perceptions of satisfaction on all domains than those who do not have such relationships. This also holds true for those consumers reporting satisfaction with their friendships and a sense of belonging in their community. Consumers who felt they were without such connections reported the lowest levels of satisfaction on the Outcome and Functioning domains.

**Consumer comments:**

- **“You should have a program to help mentally ill deal with legal matters. You should have a program to help mentally ill deal with situations of discrimination and abuse.”**
- **“Excellent care; responsive to my needs (taking meds, grocery shopping, other practical things).”**

